

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | T-G- | | 7/13/01 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | CH | 1119 | 08-24-01 |
| RESPONSE FORMALITY REVIEW | SG | 1077 | 11/28/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral).... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------|---------|
| Final | |
| Original | |
| 1 | 7/15/01 |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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11/28/01